

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8110	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John E Terry P.O. Box, Bldg., Room No., if any Street 2318 La Paz Street City Oceanside State California ZIP Code + 4 92054	4. Name, file number, and address of labor organization. Name Teamsters Local 36 Labor Organization File Number 035-343 P.O. Box, Building and Room Number, if any Street 4626 Mercury Street City San Diego State California ZIP Code + 4 92111-2410
5. Position in labor organization. Vice President / Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>John E. Terry</i></u>	On <u>8-11-05</u> Date	<u>619-540-1970</u> Telephone Number

Name of Person Filing John Terry	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Melissa Cook, Attorney at Law Trade Name, if any: Kissane & Cook P.O. Box, Bldg., Room No., if any Suite 106 Street 3444 Camino del Rio North City San Diego State California ZIP Code + 4 92108	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego County Construction Teamsters Trus Trade Name, if any: Allied Administrators P.O. Box, Bldg., Room No., if any Suite 311 Street 2831 Camino del Rio South City San Diego State California ZIP Code + 4 92108	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 60px;">Meeting regarding Owner Operators</div> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 60px;">Lunch</div> 12.b. Amount. \$20

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Bunn & Hulbert Trade Name, if any: Attorney at Law P.O. Box, Bldg., Room No., if any Suite 600 Street 8910 University Center Lane City San Diego State California ZIP Code + 4 92122	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 60px;">Soliciting Business Dinner 1/15/2004 & 12/4/2004</div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$290

Name of Person Filing John Terry	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Allied Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2831 Camino del Rio South, Ste 311 City San Diego State California ZIP Code + 4 92108	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego County Teamsters Construction Trus Trade Name, if any: Allied Administrators P.O. Box, Bldg., Room No., if any Street 2831 Camino del Rio South, Ste 311 City San Diego State California ZIP Code + 4 92108	11.a. Nature of such dealing. International Foundation of Employee Benefits Trustee Seminar in New Orleans 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Airfare, registration, food, lodging to attend meetings 11/30/2004 - 12/5/2004 12.b. Amount. \$3,618

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing John Terry	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Allied Administrators</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2831 Camino del Rio South, Ste 311</u></p> <p>City <u>San Diego</u></p> <p>State <u>California</u> ZIP Code + 4 <u>92108</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>San Diego County Teamsters Construction Trus</u></p> <p>Trade Name, if any: <u>Allied Administrators</u></p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2831 Camino del Rio South, Ste 311</u></p> <p>City <u>San Diego</u></p> <p>State <u>California</u> ZIP Code + 4 <u>92108</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>International Foundation of Employee Benefits</u></p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Registration for Foundation in Hawaii, Nov. 2005</u></p>
	<p>12.b. Amount.</p> <p style="text-align: right;"><u>\$1,605</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing John Terry	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Allied Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2831 Camino del Rio South, Ste 311 City San Diego State California ZIP Code + 4 92108	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego County Teamsters Construction Trus Trade Name, if any: Allied Administrators P.O. Box, Bldg., Room No., if any Street 2831 Camino del Rio South, Ste 311 City San Diego State California ZIP Code + 4 92108	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Trust Meeting</div> 11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Lunch</div> 12.b. Amount. <div style="border: 1px solid black; width: 100px; height: 20px; text-align: right;">\$122</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Name of Person Filing John Terry	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Bob Glaza</p> <p>Trade Name, if any: ATPA</p> <p>P.O. Box, Bldg., Room No., if any Suite 207</p> <p>Street 2831 Camino del Rio South</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92108</p>	<p>11.a. Nature of such dealing.</p> <p>Meeting regarding Trust Seminars in New Orleans</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner GW Fins New Orleans 12/3/2004</p> <p>12.b. Amount. \$84</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing John Terry	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Health Management Center"/></p> <p>Trade Name, if any: <input type="text" value="HMC"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 1000"/></p> <p>Street <input type="text" value="7755 Center Avenue"/></p> <p>City <input type="text" value="Huntington Beach"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92647"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="SD County Teamsters Employers Insurance Trus"/></p> <p>Trade Name, if any: <input type="text" value="ATPA"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 207"/></p> <p>Street <input type="text" value="2831 Camino del Rio South"/></p> <p>City <input type="text" value="San Diego"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92108"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Request for proposal for behavioral health</div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Round of Golf and lunch Aviara Country Club</div> <p>12.b. Amount. <input type="text" value="\$205"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>